

✓ PREPARED BY AND RETURN TO:  
GARY P. SNYDER, ESQ.  
Watkins Ludlam Winter & Stennis, P.A.  
P.O. Box 1456  
Olive Branch, MS 38654  
(662) 895-2996

THOMAS H. RILEY,  
GRANTOR

TO

**DEED OF GIFT**

JOHNNY WILTON RILEY,  
GRANTEE

FOR AND IN CONSIDERATION of the love and affection I have toward my brother, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, THOMAS H. RILEY do hereby sell, transfer and convey my undivided Fifty Percent (50%) interest unto JOHNNY WILTON RILEY, in the land lying and being situated in DeSoto County, Mississippi, described as follows, to wit:

Lot 57, Section A, Ivy Trails Subdivision, situated in Section 30, Township 1 South, Range 6 West, as shown on plat of record in Plat Book 63, Page 26, in the Chancery Clerk's Office of DeSoto County, Mississippi.

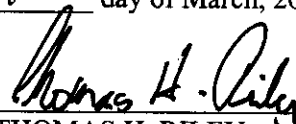
By way of explanation, the subject property was owned by Narlene P. Riley, by Warranty Deed recorded in Book 477, Page 785, in the Office of the Chancery Clerk, DeSoto County, Mississippi. As indicated in the attached Certificate of Death, Narlene P. Riley became deceased on June 9, 2008.

The Estate of Narlene P. Riley, Deceased, was probated in Cause No. 08-10-2270 in the Chancery Court of DeSoto County, Mississippi. Pursuant to the Last Will And Testament of Narlene P. Riley, dated December 12, 1975 the subject property was devised equally unto Thomas H. Riley and Johnny Wilton Riley. By Final Decree of the Chancery Court, dated February 27, 2009, the Court authorized and directed the Co-Executors, Grantor and Grantee, to distribute all assets equally unto themselves. Grantor wishes to deed all interest he has in the property to Grantee, subject to the existing indebtedness owed thereon, which is secured by a Deed of Trust recorded in Book 2177 at Page 424, thereby vesting title in Grantee.

This Deed is further subject to subdivision and zoning regulations in effect in DeSoto County and rights of ways and easements for public roads and public utilities, and to the restrictive covenants of record for said subdivision.

IT IS AGREED AND UNDERSTOOD that the taxes for the year 2009 shall be paid by the Grantee.

WITNESS MY SIGNATURE, this the 4<sup>th</sup> day of March, 2009.

  
THOMAS H. RILEY

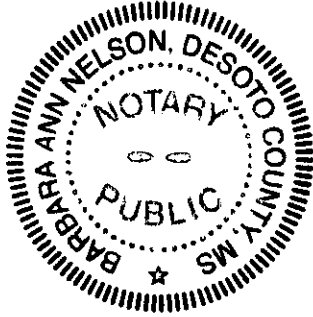
STATE OF MISSISSIPPI  
COUNTY OF DESOTO

PERSONALLY APPEARED BEFORE ME, the undersigned authority in and for the State and County aforesaid, on this the 4th day of March, 2009, within my jurisdiction, the within-named Thomas H. Riley, who acknowledged that he executed the above and foregoing instrument.

Barbara Ann Nelson  
NOTARY PUBLIC

MY COMMISSION EXPIRES:

May 21, 2010



GRANTOR'S ADDRESS:

1314 Graham Road  
Coldwater, MS 38618  
Res. Phone: 662-233-0576  
Bus. Phone: N/A

GRANTEES' ADDRESS:

7371 Acree Lane  
Olive Branch, MS 38654  
Res. Phone: 901-491-6115  
Bus. Phone: N/A

## STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH  
VITAL RECORDS

BK 604 PG 11

TYPE OR PRINT  
WITH BLACK INKFILING  
DATE JUN 20 2008CERTIFICATE OF DEATH  
STATE OF MISSISSIPPISTATE FILE  
NUMBER

123-08-012694

## DECEASED

1. NAME First Middle Last <b>NARLENE P. RILEY</b>	2. SEX <b>FEMALE</b>	3a. HOUR OF DEATH <b>10:00 am</b>	3b. DATE OF DEATH (Month, Day, Year) <b>JUNE 9, 2008</b>				
4. RACE (Specify White, Black, American Indian, etc.) <b>WHITE</b>	5a. AGE AT LAST BIRTHDAY <b>76</b> Years	5b. MOS <b>ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY</b>	5c. DAYS <b>ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY</b>	5d. HOURS <b>ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY</b>	5e. MINS <b>ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY</b>	6. DATE OF BIRTH (Month, Day, Year) <b>JULY 10 1931</b>	7a. COUNTY OF DEATH <b>DESOTO</b>
7b. CITY OR TOWN OF DEATH <b>OLIVE BRANCH</b>	7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) <b>7371 ACREE LANE</b>	7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA	8. STATE OF BIRTH <b>TENNESSEE</b>				
9. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>Elem/High School</b>	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>NONE</b>	12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <b>NO</b>				
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) <b>AMERICAN</b>	14. SOCIAL SECURITY NUMBER <b>415-56-6974</b>	15a. USUAL OCCUPATION (Kind of work done, most of working life) <b>LAB TECHNICIAN</b>	15b. KIND OF BUSINESS OR INDUSTRY <b>KELLOGGS</b>				
16a. RESIDENCE-STATE <b>MISSISSIPPI</b>	16b. COUNTY <b>DESOTO</b>	16c. CITY OR TOWN <b>OLIVE BRANCH</b>	16d. INSIDE CITY LIMITS (Specify Yes or No) <b>YES</b>	16e. STREET AND NUMBER OR RURAL LOCATION <b>7371 ACREE LANE</b>			

If death occurred in an institution, see HANDBOOK, regarding completion of RESIDENCE items

For RESIDENCE items, enter actual location of home rather than mailing address

## PARENTS

17. FATHER-NAME First Middle Last <b>CLARENCE THOMAS PRESCOTT</b>	18. MOTHER-NAME First Middle Maiden <b>ANNIE LOIS SANDERS</b>
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## INFORMANT

19a. INFORMANT-NAME (Type or print) <b>JOHN RILEY</b>	19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>7371 ACREE LANE-OLIVE BRANCH, MS 38654</b>
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## DISPOSITION

20a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	20b. CEMETERY, CREMATORY-NAME <b>MEMORIAL PARK</b>	20c. LOCATION (City and State) <b>MEMPHIS, TN</b>	21a. EMBALMER-SIGNATURE AND NUMBER <b>CHARLES VINSON-#3556</b>
21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER <b>MEMORIAL PARK FH-#522</b>	21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>5668 POPLAR AVENUE-MEMPHIS, TN 38119</b>		

## PRONOUNCEMENT

22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) <b>Lola Young, RN</b>	22b. PRONOUNCED DEAD (Month, Day, Year) <b>ON JUNE 9, 2008</b>	22c. PRONOUNCED DEAD (Hour) <b>AT 11:20 am</b>
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## CERTIFIER

23a. CERTIFIER-NAME (Type or print) <b>Jeffery Pounders</b>	23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>4942 Pounders Rd, Nesbit, MS 38651</b>
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Mississippi State Board of Health  
Form No. 511  
Revised 1-1-89

24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE <b>Jeffery Pounders</b>	24b. DATE SIGNED (Month, Day, Year) <b>June 11, 2008</b>	24c. STATE LICENSE NUMBER <b>MO. 12345</b>	24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)
24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE <b>Jeffery Pounders</b>	24f. DATE SIGNED (Month, Day, Year) <b>June 11, 2008</b>	24g. TITLE <b>DeSoto Co Coroner</b>	24h. DATE SIGNED (Month, Day, Year)

## CAUSE OF DEATH

25. PART I: DEATH CAUSED BY: (a) <b>end stage heart disease</b>	Interval between onset and death
(b) <b>DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):</b>	Interval between onset and death
(c) <b>DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):</b>	Interval between onset and death

Conditions, if any, which gave rise to immediate cause stating the underlying cause last

Had Decedent been Pregnant Within 90 Days Prior to Death?  
☐ Yes ☐ No

26. PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in PART I	27. AUTOPSY (Yes or No) <b>no</b>	28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) <b>yes</b>
29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)	29b. DATE OF INJURY (Month, Day, Year)	29c. HOUR OF INJURY (Month, Day, Year)
29d. INJURY AT WORK (Yes or No)	29e. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)	29f. LOCATION Street or route number City or town State

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

JUL 24 2008

Judy Moulder  
STATE REGISTRAR

## WARNING:

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK.